



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: THE WOMEN'S HOSPITAL (NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$64918265	Contractual Allowance	\$45203139
Outpatient Patient Service Revenue	\$48518316	Other Deductions	\$0
Total Gross Patient Service Revenue	\$113436581	Total Deductions	\$45203139

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$67233442
Other Operating Revenue	\$1385763
Total Operating Revenue	\$68619205

4. Operating Expenses

Salaries and Wages	\$21146599	Employee Benefits	\$5674541
Depreciation and Amortization	\$1130215	Interest Expense	\$78448
Bad Debt	\$1907685	Other Expenses	\$26874840
Total Operating Expenses	\$56812328		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11806877	Total Assets	\$16954000
Net Non-operating Gains over Loss	\$-69054	Total Liabilities	\$16954000
Total Net Gains	\$11737823		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$4667207	\$3468920	\$1198287
Medicaid	\$30338414	\$16271025	\$14067389
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$77430960	\$25463194	\$51967766
Total	\$112436581	\$45203139	\$67233442

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$209559
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$209559	
HCI Payments	\$0		
Subtotal	\$0	\$209559	\$-209559
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$867,219		
Subtotal	\$867219	\$0	\$867219
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$867219	\$0	\$867219

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0